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Bib Data Sheet

CONFIRMATION NO. 7026

<b>SERIAL NUMBER</b> 09/672,947	<b>FILING DATE</b> 09/29/2000 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> 2000_1329
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**APPLICANTS**

Mitsuaki Oshima, Kyoto-shi, JAPAN;  
Seiji Sakashita, Osaka, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A DIV OF 09/244,037 02/04/1999  
WHICH IS A REI OF 08/240,521 05/10/1994 PAT 5,600,672  
WHICH IS A CIP OF 07/857,627 03/25/1992 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 3-62798 03/27/1991  
JAPAN 3-95813 04/25/1991  
JAPAN 3-155650 05/29/1991  
JAPAN 3-182236 07/23/1991  
JAPAN 4-60739 03/17/1992  
JAPAN 5-132984 05/10/1993  
JAPAN 5-261612 09/24/1993  
JAPAN 5-349972 12/27/1993  
JAPAN 6-79668 03/24/1994

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 10/24/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 178	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance.				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

Wenderoth Lind & Ponack  
2033 K Street  
Suite 800  
Washington, DC 20006

**TITLE**

Communication system

<b>FILING FEE RECEIVED 1054</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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